

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF WEST VIRGINIA

MAY 2 2003

VERNON CRADLE 1120277

(Enter above the full name of the plaintiff
or plaintiffs in this action).

(Inmate Reg.# of each Plaintiff)

VERSUS

CIVIL ACTION NO. 1:03-0407
(Number to be assigned by Court)

South Central Regional Jail

(Enter above the full name of the defendant
or defendants in this action).

COMPLAINT

I. Previous Lawsuits

- A. Have you begun other lawsuits in state or federal court
dealing with the same facts involved in this action or
otherwise relating to your imprisonment?

Yes _____ No ✓

- B. If your answer to A is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline).

1. Parties to this previous lawsuit

Plaintiffs: _____

Defendants: _____

2. Court (if federal court, name the district; if state court, name the county):

3. Docket Number: _____

4. Name of judge to whom case was assigned:

5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?)

6. Approximate date of filing lawsuit: _____

7. Approximate date of disposition: _____

II. Place of Present Confinement: Home Confinement

A. Is there a prisoner grievance procedure in this institution?

Yes ✓ No

B. Did you present the facts relating to your complaint in the state prisoner grievance procedure?

Yes ☒ No ☐

C. If your answer is YES:

1. What steps did you take? Grievance written to the
Jail Administrator / medical Dept.

2. What was the result? Jail Administrator: none
medical Dept: none

D. If your answer is NO, explain why not: _____

III. Parties

(In item A below, place your name and inmate registration number in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of Plaintiff: Vernon Cradock 1120277

Address: 896 Linetree CT #C NEWPORT NEWS, VA 23608

B. Additional Plaintiffs and Address: _____

(In item C below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Use item D for the names, positions, and places of employment of any additional defendants.)

C. Defendant South Central Regional Jail
Dr. Kristi / Downwhite LEE FLENNICKS
is employed as MEDICAL / Jail Administrator
at SCRI

D. Additional defendants: MEDICAL STAFF

IV. Statement of Claim

State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheet if necessary).

I've been at SCRI since 11/02, shortly AFTER I had my
personal Physician write my diagnosis and meds and send them
to my attorney which where supplied them to SCRI (12/02) I had
them in jail from that time till 4/17/03 to receive the proper medical
CARE. I've written Judge Faber 03 separate occasions regarding this
matter. my attorney has tried on several occasions to no avail.

IV. Statement of Claim (continued):

On April 1, 03 my wife sent my meds to my Attorney who brought them to medical. I had to sign a Release Form to have the pills thrown away because they were over with 30 days of the date of receipt but the discrepancy was they allowed me to have the creams that were dated the same dates. Now I have developed holes in my feet and swollen legs and abnormal swelling. my diagnosis is peripheral Vascular Disease / STASIS ULCERS / BLOOD CLOTS / Pulmonary emboli / Acid Reflux / heart disease / Arthritis. I'm in excruciating pain!

V. RELIEF

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

I would like to have these injuries rectified. I'm on Full Disability and SCBZ has made my health worse. Since being on home confinement, I haven't been able as yet to obtain work due to medical problems. Accruing at SCBZ which means my Family is suffering with my problem and household problems. I would like to settle this issue in a timely manner with restitution.

V. Relief (continued)

VII. Counsel

- A. If someone other than a lawyer is assisting you in preparing this case, state the person's name:

W/A

- B. Have you made any effort to contact a private lawyer to determine if he or she would represent you in this civil action?

Yes _____ No _____

If so, state the name(s) and address(es) of each lawyer contacted:

NO

If not, state your reasons: I'm not in the state of

WEST VIRGINIA

- C. Have you previously had a lawyer representing you in a civil action in this court?

Yes _____ No ☒

If so, state the lawyer's name and address:

Signed this ~~29~~th day of ~~29~~th April, 19~~02~~⁰³.

U. J. E.

Signature of Plaintiff or Plaintiffs

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 4/29/03
(Date)

U. J. E.
Signature of Movant/Plaintiff

Signature of Attorney
(if any)